Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS) 2 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∫ minus 3 =				Γ	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If	the difference	in column 1 is	ess than zero, enter		r "0" in column 2		<u> </u>	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART								i			OTHER	
	and a section of the	(Column 1)	mn 2)	(Column 3)		SMALL E	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	k. 11 1 11 11 11 11 11 11 11 11 11 11 11	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JULIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
	•						<u> </u>	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	AL	ODIT. FEE		1011	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGH	IEST		Г	· · · · · · · · · · · · · · · · · · ·	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	-
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM			.105			. 070	
							L	+135= TOTAL		OR	+270= TOTAL	
						A 1	AC	DOIT. FEE		OR	ADDIT. FEE	
	a salangunan musa sunungkan sa	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C	7.	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7
	Independent	*	Minus	***		=		X40=			X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			∧4U=		OR	∧o∪=	
								+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ımber Previously P mber Previously Pa							ropriate box			